FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:58

DOCUMENT # 751377 (3)

1. Corporation Name
CRAWFORDVILLE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
NO. 1 OCHLOCKONEE STREET NORTH SIDE OF STATE ROAD 368 CRAWFORDVILLE FL 32327	~~NO. 1 OCHLOCKONEE STREET NORTH SIDE~~ ~~OF STATE ROAD 368~~ ~~CRAWFORDVILLE FL 32327~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1980
3a. Date of Last Report: 03/09/1994
4. FEI Number: 59-2278696 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 37
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Crawfordville, FL
Zip 24 / Country 25	Zip 29 32326 / Country 30 Wakulla

9. Name and Address of Current Registered Agent

GABY, JULIE B
RT. 3 BOX 5099
ROLAND HARVEY ROAD
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GABY, JULIE B.	1.2 NAME	300001395233
STREET ADDRESS	RT. 3 BOX 5099	1.3 STREET ADDRESS	-02/01/95--01056--003
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	UPDEGRAFF, CHARLES E.	2.2 NAME	
STREET ADDRESS	LOT 15 BLK.O HUDSON HGT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GLOVER, LARRY	3.2 NAME	
STREET ADDRESS	E. IVAN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES	4.2 NAME	
STREET ADDRESS	E. IVAN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BARBREE, JOSEPH A.	5.2 NAME	
STREET ADDRESS	LOT 12 BLK F HUDSON HGT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	REVELL, MARIAN	6.2 NAME	
STREET ADDRESS	COTTONWOOD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie B. Gaby 1/22/95 904-926-7689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027008